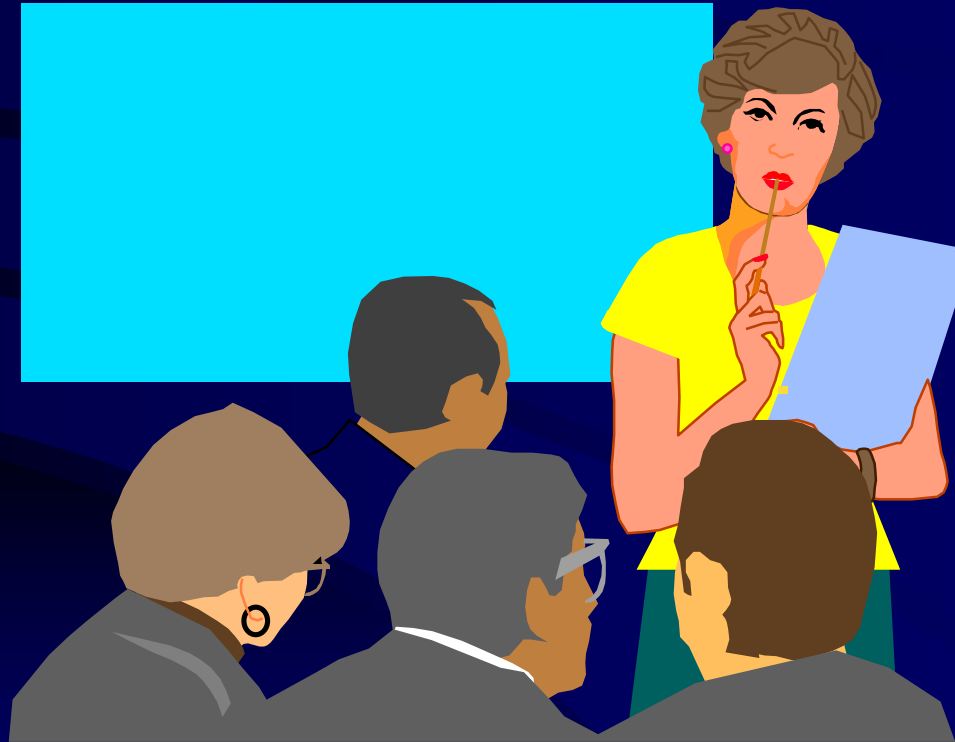


Lesson 13

State and Local Issues in Surveillance



Objectives For Lesson 13

- describe the authority for reporting surveillance data at the state and local level
- describe the sources of surveillance level
- discuss the issues in the maintenance of a list of notifiable diseases
- describe the analysis of data
- discuss resources for surveillance at the state and local level
- describe approaches to translate data into action



Authority for Reporting Surveillance Data

- derives from state and local law
- both vital records and morbidity reporting systems were developed at a state level
- national systems were developed later with voluntary state participation
- decentralization of power is outlined in the Constitution
- link to action is most explicit at the state and local level



Sources of Surveillance Data (part 1)

- data sources available at the local level in states
- notifiable diseases
- sentinel systems
- hospital-based surveillance
- school-based surveillance



Other Data Sources

- surveys at the state and local level
- National Mortality Registration System
- other data sources
- provider-based reporting special issues



Reasons to Revise Lists Periodically

- public health priorities change
- Epidemiology of specific conditions change
- available public health interventions change



Criteria to Use in Setting Priorities

(National Disease Surveillance, Canada)

- agricultural importance
- disease incidence
- morbidity
- mortality
- case-fatality ratio
- communicability



Criteria to Use in Setting Priorities

(continued)

- potential for outbreaks
- socioeconomic impact
- public perception of risk
- vaccine preventability
- necessity for an immediate public health response



Problems with Comparison Rates

- difficult to compare when number of events is small
- difficult to compare when population of areas is small
- calculated rates for and uncommon event or from a subset of the population can be difficult to interpret



Most Common Types of Analyses for Surveillance Data

- frequencies
- proportions
- rates

* can be presented in tables, graphs, and maps



Costs of Surveillance

Vermont (1983)

- \$20,000/yr. active surveillance system
- \$3,000/yr. passive surveillance system

Los Angeles County (1988)

- \$7,000/yr. sentinel surveillance system
- \$10,000/yr. passive surveillance system

National Electronic Injuries Surveillance System (1989)

- \$7,000/participating hospital

Behavioral Risk Factor Surveillance System

- \$35,000/state
- \$25-\$30/completed telephone interview



APEXPH

(Assessment Protocol for Excellence in Public Health)

- developed in collaboration with National Association of County Health Health Officers
- guides local health department officials through identification of health problems that require priority
- guides officials through building community coalitions for action
- provides good foundation for adopting community health objectives



Challenges in Translating Data Into Action

- must identify problems
- must set priorities
- work with communities to develop solutions
- use data to decide among competing priorities
- use data to allocate limited resources

